2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

May 06, 2002 8:00 am Secretary of State P01000051075 DOCUMENT # 1. Entity Name 05-06-2002 90020 002 ***158.75 MARIANNA FUNERAL HOME, INC. Principal Place of Business Mailing Address 100 E. 19TH STREET 100 E. 19TH STREET PANAMA, CITY FL 32401 PANAMA CITY FL 32401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 159-37 a 3482 Applied For City & State City & State Not Applicable \$8.75 Additional Country Zio Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C. Hare, CPA Diane BENNETT, DERRICK Street Address (P.O. Box Number is Not Acceptable) 112 E. THIRD COURT 3003 S. Huy My, Soite A PANAMA CITY FL 32401 Zip Code 32444 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 03-16-02 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. $\overline{9}$ $\sqrt{\rho}$ ☐ Addition TITLE Delete TITLE Southerland, Steve NAME NAME SOUTHERLAND, STEVE 100 E 19th 5+. STREET ADDRESS STREET ADDRESS 100 E. 19TH STREET CITY-ST-ZIP fanama City, FL 32401 CITY-ST-ZIP PANAMA CITY FL 32401 Change ☐ Addition ☐ Delete TITLE TITLE BOUTWELL, Jeff 1008 19th St. NAME NAME **BOUTWELL, JEFF** STREET ADDRESS STREET ADDRESS 100 E. 19TH STREET CITY-ST-ZIP CITY-ST-7IP Panama C PANAMA CITY'FL 32401 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee exprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED